

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049114

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 296

Primary Registration District No. 6018

Registrar's No. 16

STATE FILE NUMBER

FILED DEC 31 1963

VS 300
Rev. 4/59

10890

20890

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fishing River township		c. CITY OR TOWN Rayville	
Length of stay in 1b 20 years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles west of Rayville		d. STREET ADDRESS Rt. 2 (If outside, give location) 2 miles west of Rayville	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle HENRY Last WEBB		4. DATE OF DEATH Month December Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/23/1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer, retired		10b. KIND OF BUSINESS OR INDUSTRY General farming	
11a. FATHER'S NAME James Webb		11b. MOTHER'S MAIDEN NAME Linville	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. None	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation and 1st degree burns		13b. INTERVAL BETWEEN ONSET AND DEATH Instant.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Frame farm house burned to ground	
20c. TIME OF INJURY Hour 12:45 a.m. 12/23/1963	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm home		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 2 miles west of Rayville, Mo. Ray County		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thurman</i> (Degree or title)		22b. ADDRESS <i>Richmond, Mo.</i>	
22c. DATE SIGNED R-75-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 24, 1963	23c. NAME OF CEMETERY OR CREMATORY Todd's Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Richmond, Mo. (rural)
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 12-27-63	
26. REGISTRAR'S SIGNATURE <i>Helen J. Larkin</i>			

(Licensed Embalmer's Statement on Reverse Side)

PT 1080-001

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me,

XXXX, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Levent Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.